RECEIVED
CENTRAL FAX CENTER
MAY 20 2009

CLAIM AMENDMENTS

Claim 1 (currently amended): A method of reducing nephrotoxicity in an individual during radioimmunotherapeutic treatment of a pathophysiological condition, comprising:

administering a pharmacologically effective dose of one or more diuretic; and

administering a chelated actinium-225 radioimmunoconjugate to treat the pathophysiological condition;

wherein ~~interaction between~~ said diuretic(s) inhibits reabsorption of Actinium-225 daughters and preventing[[s]] accumulation of francium-221 and bismuth-213 daughters within the kidneys thereby reducing nephrotoxicity during the radioimmunotherapeutic treatment.

Claim 2 (previously presented): The method of claim 1, wherein one or more of said diuretic is administered prior to administering said actinium-225 radioimmunoconjugate, said diuretics continuing to be administered after said actinium-225 radioimmunoconjugate.

Claim 3 (canceled).

Claim 4 (previously presented): The method of claim 1, further comprising administering one or more chelator that is a dithiol chelating agent, 2,3 dimercapto-1-propane sulfonic acid, meso 2,3-dimercapto succinic acid, diethylenetriamine pentaacetic acid, calcium diethylenetriamine pentaacetic acid, or zinc diethylenetriamine pentaacetic acid

Claim 5 (previously presented): The method of claim 1, wherein said diuretic is furosemide, chlorthiazide, hydrochlorothiazide or bumex.

Claims 6-7 (canceled).

Claim 8 (original): The method of claim 1, wherein said actinium-225 radioimmunoconjugate comprises an actinium-225 bifunctional chelant and a monoclonal antibody.

Claim 9 (original): The method of claim 8, wherein said actinium-225 radioimmunoconjugate is [^{225}Ac] DOTA-HuM195.

Claim 10 (original): The method of claim 1, wherein said pathophysiological condition is a cancer or an autoimmune disorder.

Claim 11 (original): The method of claim 1, wherein said cancer is a solid cancer, a disseminated cancer or a micrometastatic cancer.

Claim 12 (original): The method of claim 11, wherein said cancer is myeloid leukemia.

Claims 13-48 (canceled).

Claim 49 (previously presented): A method of increasing the therapeutic index of a chelated actinium-225 radioimmunoconjugate during treatment of a pathophysiological condition in an individual comprising:

administering a pharmacologically effective amount of one or more diuretic such that nephrotoxicity is reduced during the treatment, thereby increasing the therapeutic index of said chelated actinium-225 radioimmunoconjugate.

Claim 50 (canceled).

Claim 51 (previously presented): The method of claim 49, wherein said diuretic is administered prior to treatment with said actinium-225 radioimmunoconjugate, said diuretic continuing to be administered after said actinium-225 radioimmunoconjugate is administered to the individual.

Claim 52 (previously presented): The method of claim 49, further comprising administering one or more chelator that is a dithiol chelating agent, 2,3 dimercapto-1-propane sulfonic acid, meso 2,3-dimercapto succinic acid, diethylenetriamine pentaacetic acid, calcium diethylenetriamine pentaacetic acid, or zinc diethylenetriamine pentaacetic acid.

Claim 53 (previously presented); The method of claim 49, wherein said diuretic is furosemide, chlorthiazide, hydrochlorothiazide or bumex.

Claims 54-57 (canceled).

Claim 58 (original): The method of claim 49, wherein said actinium-225 radioimmunoconjugate is [^{225}Ac] DOTA-HuM195.

Claim 59 (original): The method of claim 49, wherein said pathophysiological condition is a cancer or an autoimmune disorder.

Claim 60 (original): The method of claim 59, wherein said cancer is a solid cancer, a disseminated cancer or a micrometastatic cancer.

Claim 61 (original): The method of claim 60, wherein said cancer is myeloid leukemia.

Claim 62 (canceled):

Claim 63 (canceled):